

**CERTIFIED CLAIM**  
**MONTANA DEPARTMENT OF TRANSPORTATION**

**CERTIFICATION OF EACH PART OF A CLAIM IS AN ABSOLUTE  
PREREQUISITE TO A CLAIM BEING CONSIDERED BY THE DEPARTMENT**  
DO NOT ALTER THE LANGUAGE OF THIS FORM!

\_\_\_\_\_  
PROJECT NAME

\_\_\_\_\_  
PROJECT NUMBER

THIS CLAIM IS SUBMITTED ON BEHALF OF (check each that applies):

\_\_\_\_ Prime Contractor ["Contractor"]

\_\_\_\_ Subcontractor(s) [specify which] \_\_\_\_\_

**Anyone knowingly presenting a claim, any part of which is found to be false, fictitious or fraudulent, is subject to the criminal penalties of §45-7-210, MCA, and civil liabilities of §17-8-231, MCA, in addition to criminal and civil penalties applicable under Federal law.**

**Contractor understands and agrees that, under its Contract with Department, it must certify any claim, and that any failure to fully certify the claim as here required is a failure to resort to and complete the Department's procedure for dispute settlement, and bars further administrative or judicial review of the claim.**

**Understanding the above, and with the intent to obtain the claimed amount from the State, the Contractor by the undersigned certifies that:**

- a this claim is made in good faith;
- b Contractor has fully reviewed the claim and its supporting data, including its project records (and the project records of any subcontractor involved in the claim) to ensure that any personnel and equipment items listed in the claim are properly included;
- c the supporting data are accurate and complete to the best of Contractor's knowledge and belief, and support that all personnel and equipment items listed in the claim are properly included;
- d no part of the claim is false, fictitious or fraudulent; and,
- e the amount requested, as shown on the attached pages, accurately reflects the contract adjustment for which Contractor believes the State is liable, and is a complete statement of the claim.

\_\_\_\_\_  
Name of Contractor

By: \_\_\_\_\_  
Contractor's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Title

CSB105.16.2(Certified\_Claim\_6-10-04)

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TO: \_\_\_\_\_, Project Manager  
Montana Department of Transportation

Date Of Notice of Claim (reference 105.16.1): \_\_\_\_\_

Project Name: \_\_\_\_\_ No: \_\_\_\_\_

**A notice is required for each separate claim that may be filed (only one claimed condition or event per Notice). Additional pages will be attached if required.**

**In accordance with Subsection 105.16 (as amended), notice is hereby given of the following claim for additional compensation, additional time, etc., for this Project:**

1. **Conditions.** (Describe fully the physical condition, engineer's orders, directives or actions or other conditions that directly contribute to the claimed problem.)

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2. **Date of Contractor's Discovery of the above-stated Condition:**

\_\_\_\_\_ Explain and include all documentation showing the progression and history of the disagreement into a claim, including correspondences. \_\_\_\_\_

3. **Plans and Specifications.** (Describe fully the claimed specifications that are in conflict or are unclear or ambiguous; or the claimed conflicts or errors in the plans.)

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4. **Other Condition or Occurrence.** (Describe fully.)

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The following portions of work and operations will be affected (attach pages if needed):

1. **Portions of work.** (Describe fully the contract items, and locations by station or structure.)

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2. **Operations.** (Describe specific operations that will be affected for each location involved. **Also, immediately submit a revised operation schedule showing impact on the activities.**)

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**Contractor's objections are:** (State in detail the specific objections to performing work for the compensation stated in the contract, or within the time required, or other objections.)

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Contractor believes the nature and amount of the adjustment in compensation or extension of time that is due or may be due is as follows: (Describe fully and specifically.)

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\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contractor Submitting the Notice  
Superintendent & Date

\_\_\_\_\_  
Prime Contractor

(Required if Notice is from a subcontractor)

If a subcontractor submits the Notice, it must be submitted through the Prime Contractor.

**Note:**

All forms on these pages are MDT-required formatting, and they may be downloaded for use by contractors. These forms are required by specifications for their particular use, just as they are. Use of a downloaded form is deemed an agreement by the user that the form will be used exactly as-is. If one of the forms is to be submitted back to the Department (e.g., as part of a claim, etc.), its language is **not** to be changed in any way as the Department's specifications and procedures rely upon the language of the standard forms. If language of one of these forms, that is submitted to MDT, is found to have been altered in any way, the form will automatically be rejected for its intended purpose. It will also be a breach of contract by the firm/person that submitted it, and the alteration may be brought to the attention of the Transportation Commission.

CC: District Construction Engineer  
Construction Engineering Services Engineer

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